L		Effective _ember 29, 1999							09/355601					
CLAIMS AS FILED - PART I (Column 1) (Column 2)									SMAL TYPE	L ENTITY		OTHE	R THAN	
F	OR					NUMBER EXTRA			RATE		OF		ENTITY	
E	ASIC FEE		(AZ)		National Party	in el			MAIL	FEE	-	RATE	FEE	
 	OTAL CLAIMS		1900		652954			8	第 第	§	OF			
	 -	<u>ز</u> ا	7 minus				-	X\$ 9=		OR	X\$18=	306		
	DEPENDENT (ULTIPLE DEPE		CLAIM PRESENT						X39=		OR	X78=	78	
┝	MULTIPLE DEPENDENT CLAIM PRESENT								+130=		OR	+260=		
	* If the difference in column 1 is less than zero, enter "0" in column 2							•	TOTAL		OR	TOTAL	1224	
	CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)								OTHER THAN SMALL ENTITY OR SMALL ENTITY					
_		CL	AIMS	* 12-56	(Columi		(Column 3)) 7 г	SWALL		OR T	SMALL		
AMENDMENT A		AF	AINING TER IDMENT		NUMBE PREVIOU PAID FO	JSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
ON:	Total			Minus	**		=		X\$ 9=		OR	X\$18=	-	
AM	Independent FIRST PRES	FNTATIO	N OF MI	Minus	PENDENT C	N A IA	=		X39=		OR	X78≃		
	;				T ENDERT C	ZEANVI		' [+130=		OR	+260=		
								L.	TOTAL		OR	TOTAL ADDIT. FEE		
	(Column 1) (Column 2) (Column 3)								JD11.1 EL	-:		ADDII. FEE	· · · · · · · · · · · · · · · · · · ·	
AMENDMENT B		REMA	AIMS AINING TER DMENT		HIGHES NUMBE PREVIOU PAID FO	R SLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
NO.	Total	•		Minus	**		=		X\$ 9=		OR	X\$1.78=	<u> </u>	
AME	Independent	I.	i	Minus	***		=		X39=		OR	/ X78=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+130=		- 4	·		
								L	TOTAL		OP(+260= :		
		(Calur	mm 4\		: (0 = 1	oi d	·O-1······ 0\	AD	DIT. FEE		OR .	ADDIT. FEE		
		(Colur	MS I		(Column HIGHES		Column 3)	_						
AMENDMENIC		REMAI AFT AMEND	ER		NUMBER PREVIOUS PAID FOI	SLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	•		Vinus	**		=		(\$ 9= ·		OR	X\$18=		
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上	FIRST PRESE	NTATION	OF MUL	TIPLE DEP	ENDENT CL	AIM					OR	X78=		
• If	If the entry in column 1 is less than the entry in column 2, write "0" in column 3.								130=		OR	+260=		
"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." **OFAL ADDIT. FEE **OFAL														

PATENT APPLICATION THE DETERMINATION RECORD

Application of Docket Number